

124-1-04022015-1-1

ILEC

# LOCAL TELEPHONE COMPANY

## ANNUAL REPORT

RECEIVED

OF THE

04/01/15  
ARK PUBLIC SERVICE COM  
AUDIT SECTION

NAME South Arkansas Telephone Company, Inc.  
(Here show in full the exact corporate, firm or individual name of the respondent)

LOCATED AT First and Main Street, Hampton, AR  
(Here give the location, including street and number of the respondent's main business office within the State)

COMPANY # 133  
(Here give the APSC-assigned company number)

TO THE

ARKANSAS PUBLIC SERVICE COMMISSION



## COVERING ALL OPERATIONS

FOR THE YEAR ENDING DECEMBER 31, 2014

## LETTER OF TRANSMITTAL

To: Arkansas Public Service Commission  
Post Office Box C-400  
Little Rock, Arkansas 72203

Submitted herewith is the annual report covering the operation of South Arkansas Telephone Company  
(Company)  
of First and Main Street, Hampton, AR for the year ending December 31, 2014. This report is submitted in  
(Location)  
accordance with Section 51 of Act 324 of the 1935 Acts of Arkansas.  
The following report has been carefully examined by me, and I have executed the verification given below.

  
(Signature)

V.P. & General Manager  
(Title)

\*\*\*\*\*  
VERIFICATION

STATE OF Arkansas )  
 ) ss.  
COUNTY OF Calhoun )

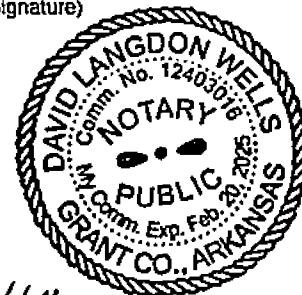
I, the undersigned, David L. Wells, V.P./General Manager of the  
(Name and Title)

South Arkansas Telephone Company, on my oath do say that the following report has  
(Company)

been prepared under my direction from the original books, papers, and records of said utility: that I have carefully examined the same, and declare the same a complete and correct statement of the business and affairs of said utility in respect to each and every matter and thing set forth, to the best of my knowledge, information, and belief; and I further say that no deductions were made before stating the gross revenues, and that accounts and figures contained in the foregoing statements embrace all of the financial transactions for the period in this report.

  
(Signature)

Subscribed and sworn to before me this 31st  
day of MARCH 2015  
My Commission Expires 2/20/2025



  
(Signature of Notary)

## REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

### GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

1. Two (2) copies of this report, properly filled out and verified shall be filed with the Utility Division of the Arkansas Public Service Commission, Little Rock, Arkansas, on or before the 31st day of March following the close of the calendar year for which the report is made.
2. The word "respondent" in the following inquiries means the person, firm, association or company in whose behalf the report is made.
3. If any schedule does not apply to the respondent, such fact should be shown on the schedule by the words "not applicable."
4. Except in cases where they are especially authorized, cancellations, arbitrary check marks, and the like must not be used either as partial or entire answers to inquiries.
5. Reports should be made out by means which result in a permanent record. The copy in all cases shall be made out in permanent black ink or with permanent black typewriter ribbon. Entries of a contrary or opposite character (such as decreases reported in a column providing for both increases and decreases) should be shown in red ink or enclosed in parentheses.
6. Each report shall be bound in permanent form before returning to the Commission. Binding with clips is not sufficient.
7. Answers to inquiries contained in the following forms must be complete. No answer will be accepted as satisfactory which attempts by reference to any paper, document, or return of previous years or other reports, other than the present report, to make the paper or document or portion thereof thus referred to a part of the answer without setting it out. Each report must be complete within itself.
8. In cases where the schedules provided in this report do not contain sufficient space or the information called for, or if it is otherwise necessary or desirable, additional statements or schedules may be inserted for the purpose of further explanation of accounts or schedules. They should be legibly made on paper of durable quality and should conform with this form in size of page and width of margin. This also applies to all special or unusual entries not provided for in this form. Where information called for herein is not given, state fully the reason for its omission.
9. Each respondent is required to send in connection with its report to this Commission's Utilities Division, one (1) copy of its latest annual report to stockholders.
10. Schedules supporting the revenue accounts and furnishing statistics should be so arranged as to effect a division in the operations as to those inside and outside the state.
11. Answers to all inquiries may be in even dollar figures, with cents omitted and with agreeing totals.
12. Each respondent should make its report in duplicate, retaining one copy for its files for reference, in case correspondence with regard to such report becomes necessary. For this reason, several copies of the accompanying forms are sent to each utility company concerned.

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

Give the name, title, office address, telephone number and e-mail address of the person to whom any correspondence concerning this report should be addressed:

Name Greg Ashcraft Title Controller/Sec. & Tres.

Address P O Box 130, Sheridan, AR 72150

Telephone Number 870-942-4344

E-Mail greg@satco.biz

Give the name, address, telephone number and e-mail address of the resident agent:

Name David L. Wells Telephone Number 870-798-2201

Address P O Box 778 , Hampton, AR 71744

E-Mail \_\_\_\_\_

## REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

### IDENTITY OF RESPONDENT

1. Give the exact name by which respondent was known in law at the close of the year. Use the initial word "The" only when it is part of the name:

South Arkansas Telephone Company

2. Give the location (including street and number) of (a) the main Arkansas business office of respondent at the close of the year, and (b) if respondent is a foreign corporation, the main business office if not in this state:

(a) First and Main Street  
P O Box 778  
Hampton, AR 71744

(b)

3. Indicate by an x in the proper space (a) the type of service rendered, and (b) the type of organization under which respondent was operating at the end of the year.

(a) ( ) Electric, ( ) Gas, ( ) Water, (X) Telephone, ( ) Other

(b) ( ) Proprietorship, ( ) Partnership, ( ) Joint Stock Association,  
(X) Corporation, ( ) Other (describe below):

4. If respondent is not a corporation, give (a) date of organization, and (b) name of the proprietor or the names of all partners, and the extent of their respective interest at the close of the year.

(a)

(b)

5. If a corporation, indicate (a) in which state respondent is incorporated, (b) date of incorporation, and (c) designation of the general law under which respondent was incorporated, or, if under special charter, the date of passage of the act:

(a) Arkansas

(b) 1-Jul-60

(c) Arkansas

6. State whether or not respondent during the year conducted any part of its business within the State of Arkansas under a name or names other than that shown in response to inquiry No. 1 above, and, if so, give full particulars:

No

7. State whether respondent is a consolidated or merged company. If so, (a) give date and authority for each consolidation or merger, (b) name all constituent and merged companies, and (c) give like particulars as required of the respondent in inquiry No. 5 above:

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

(a) 1-Jan-85

(b) TLB, Inc. ( Holding Co.)

(c) 1-Jan-85

8. State whether respondent is a reorganized company. If so, give (a) name of original corporation, (b) date of reorganization, (c) reference to the laws under which it was reorganized and (d) state the occasion of the reorganization, whether because of foreclosure of mortgage or otherwise, giving full particulars.

(a)

(b)

(c)

(d)

9. Was respondent subject to a receivership or other trust at any time during the year? No  
If so, state:

(a) Name of receiver or trustee: \_\_\_\_\_

(b) Name of beneficiary or beneficiaries for whom trust was maintained:  
\_\_\_\_\_

(c) Purpose of the trust: \_\_\_\_\_

(d) Give (1) date of creation of receivership or other trust, and (2) date of acquisition  
of respondent: (1) \_\_\_\_\_ (2) \_\_\_\_\_

10. Did the respondent act in any of the capacities listed in Paragraph (a) below during the past year? No If so,

(a) Indicate the applicable one by an X in the proper space:

( ) Guarantor, ( ) Surety, ( ) Principal--obligor to a surety contract,  
( ) Principal--obligor to a guaranty contract.

- (b) Insert a statement showing the character, extent, and terms of the primary agreement or obligation, including (1) names of all parties involved, (2) extent of liability of respondent, whether contingent or actual, (3) extent of liabilities of the other parties, whether contingent or actual, and (4) security taken or offered by respondent.

# REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

## DIRECTORS AND COMPENSATION

Give the name and office addresses of all directors at the close of the year, and dates of beginning and expiration of terms. Chairman (\*) and Secretary (\*\*) marked by asterisks.

Name of Director	Office Address	Date of Term	
		Beginning	End
H.B. Bailey (*)	Fort Worth, TX	12/1/78	
Tommye Wells	Sheridan, AR	12/1/78	
David L. Wells	Sheridan, AR	12/1/78	
Steve Wells	Hampton, AR	12/1/78	
Barry Bailey	Fort Worth, TX	12/1/78	
Janice Robinson	Fort Worth, TX	12/1/89	
Lang Wells	Sheridan, AR	12/1/89	
Greg Ashcraft (**)	Sheridan, AR	1/1/90	
Lane Reynolds	Hampton, AR	6/1/11	
Mark Lundy	Cedar Rapids, IA	2/1/12	

## PRINCIPAL OFFICERS AND KEY MANAGEMENT PERSONNEL

Give the title of the principal officers, managers and key personnel, the names and office addresses of persons holding such positions at the close of the year.

Title	Name of person holding office at close of year	Office Address
President	H.B. Bailey	Fort Worth, Tx
V.P. & General Manager	David L. Wells	P O Box 778 Hampton, AR 71744
Secretary/Tres	Greg Ashcraft	P O Box 130 Sheridan, AR 72150
TOTAL		

**GROSS ASSESSABLE REVENUES**

<b>Line No.</b>	<b>Description</b>	<b>Amount</b>
<b>1</b>	<b>Total Arkansas Operating Revenues, including InterstateTolls</b>	<b>\$6,989,264</b>
<b>2</b>	<b>Less: Interstate Revenues Excluded</b>	<b>\$2,381,969</b>
<b>3</b>	<b>TOTAL GROSS ASSESSABLE REVENUES</b>	<b>\$4,607,295</b>

**LOCAL EXCHANGE SERVICE STATISTICS**

<b>ACCESS LINES</b>	<b>SYSTEM</b>	<b>ARKANSAS</b>
<b>Residence</b>	<b>Same as Arkansas</b>	<b>1,895</b>
<b>Business</b>		<b>552</b>
<b>TOTAL RESIDENTIAL &amp; BUSINESS ACCESS LINES</b>		<b>2,447</b>
<b>PBX Access Lines</b>		
<b>Coin or Credit Card Paystation Access Lines</b>		<b>1</b>
<b>Company Official Access Lines (Numbers)</b>		<b>176</b>
<b>TOTAL ACCESS LINES</b>		<b>2,624</b>



# REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

EXCHANGE STATISTICS - ARKANSAS													
YEAR-END TROUBLE INDEX													
COE LINE AND TERMINAL (NUMBERS)													
PROVISIONING AND USAGE													
Prefix No.	Exchange Name	Qty EAS	CO	OSP	NONE	Beginning of Year				End of Year			
						Lines		Terminal		Lines		Terminal	
						Equipped	Usage	Equipped	Usage	Equipped	Usage	Equipped	Usage
798	Hampton		28	117	382	2304	1532	3000	1602	2304	1486	3000	1537
463	Hermitage		15	41	117	1416	747	1500	748	1416	726	1500	709
465	Banks		2	11	29	288	187	400	187	288	191	400	187
689	Louann		1	6	44	360	191	500	192	360	192	500	191

## STATEMENT OF ACCURACY

I do hereby state that the amounts contained in this report are true and accurate, schedules have been cross-referenced by use of the attached check list, and that the accuracy of all totals has been verified by me or under my supervision. Should I or anyone under my supervision become aware of any error in or omission from this report, I will take steps to notify the Arkansas Public Service Commission of such error or omission and provide corrected schedules as soon as possible.



\_\_\_\_\_  
President/General Manager

**REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION**

**COMPANY CONTACTS**

Company Information	
<b>Company Name</b>	South Arkansas Telephone Company
<b>dba</b>	
<b>Official Mailing Address</b>	P O Box 778 Hampton, AR 71744

AREA	PERSON TO CONTACT	PHONE #	FAX #	E-MAIL
Annual Report	Greg Ashcraft	870-942-4344	870-942-7013	<a href="mailto:greg@satco.biz">greg@satco.biz</a>
Fuel Adjustment Report	N/A			
Cost of Debt Report	Greg Ashcraft	870-942-4344	870-942-7013	<a href="mailto:greg@satco.biz">greg@satco.biz</a>
Tariffs	Greg Ashcraft	870-942-4344	870-942-7013	<a href="mailto:greg@satco.biz">greg@satco.biz</a>
Accounting	Greg Ashcraft	870-942-4344	870-942-7013	<a href="mailto:greg@satco.biz">greg@satco.biz</a>
Rates	Greg Ashcraft	870-942-4344	870-942-7013	<a href="mailto:greg@satco.biz">greg@satco.biz</a>
Engineering	Keith Coleman	870-798-2201	870-798-2289	
Finance	Greg Ashcraft	870-942-4344	870-942-7013	<a href="mailto:greg@satco.biz">greg@satco.biz</a>
Income Taxes	Greg Ashcraft	870-942-4344	870-942-7013	<a href="mailto:greg@satco.biz">greg@satco.biz</a>
Property Taxes	Greg Ashcraft	870-942-4344	870-942-7013	<a href="mailto:greg@satco.biz">greg@satco.biz</a>
Gas Supply	N/A			
Legal	Justin Allen	501-371-0808	501-376-9442	<a href="mailto:Jallen@wlj.com">Jallen@wlj.com</a>
Data Processing	Lane Reynolds	870-798-2201	870-798-2289	<a href="mailto:lreynold@sat-co.net">lreynold@sat-co.net</a>

Please list the number of utility employees located in Arkansas

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REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

**PRINTING INSTRUCTIONS**

**Local Telephone Company**

In order for the page numbers in the Excel file to print properly, group select to open all of the worksheets together and print all together. (Before entering any data, be sure that the worksheets have all been upgrouped.)

Assemble and bind the completed report in sequence presented in the file (shown below).

Sequence	Sheet Name	Page No.
1	Cover Sheet	
2	Letter of Transmittal	LEC-2
3	General Instructions	LEC-3
4	Report Contact	LEC-4
5	Identity	LEC-5&6
6	D&O	LEC-7
7	Revenues	LEC-8
8	Exchange Statistics - Arkansas	LEC-9
9	Statement of Accuracy	
10	Company Contacts	
	Printing Instructions	